



IFW

IN THE  
UNITED STATES  
PATENT AND TRADEMARK OFFICE

IN RE APPLICATION OF: Brunotte et al.

CASE: OST-031201

RESPONSE TO  
OFFICE ACTION

SER. NO.: 10/714,573

FILING DATE: November 14, 2003

FOR: PROJECTION LENS AND  
MICROLITHOGRAPHIC PROJECTION  
EXPOSURE APPARATUS

COMMISSIONER  
FOR PATENTS  
P.O. Box 1450  
Alexandria, VA 22313-1450

ATTENTION OF:

EXAMINER:

Dear Sir:

If any charges or fees must be paid in connection with the following communication, they may be paid out of our Deposit Account No. 50-0545.

This is in response to the Office Action mailed on June 7, 2004. Please consider the following remarks towards reconsideration and allowance of the present application.

09/27/2004 TOKON1 00000011 500545 10714573

01 FC:1202 36.00 DA

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| Joseph M. Kinsella | 45743 |
| Nick S. Lee        | 54260 |

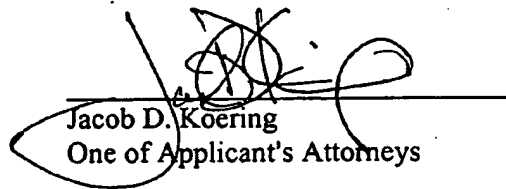
5. Conclusion

Applicant submits that, based on the above, all of Claims 1-51 should now be in condition for allowance. Therefore, reconsideration and passage to allowance is respectfully requested.

Respectfully submitted,

FACTOR & LAKE, LTD.

Dated: September 7, 2004

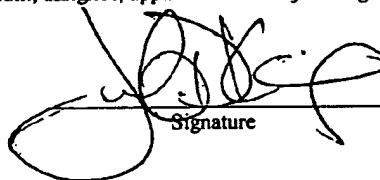
  
Jacob D. Koering  
One of Applicant's Attorneys

**CERTIFICATE OF MAILING**

I hereby certify that this correspondence is being deposited with the United States Patent Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on September 7, 2004

Jacob D. Koering

Name of Applicant, assignee, applicant's attorney or Registered Representative

  
Signature

**PATENT APPLICATION FEE DETERMINATION RECORD**  
Effective October 1, 2003

Application or Docket Number

10714573

**CLAIMS AS FILED - PART I**

|                                  | (Column 1)    | (Column 2)                          |
|----------------------------------|---------------|-------------------------------------|
| TOTAL CLAIMS                     | 51            |                                     |
| FOR                              | NUMBER FILED  | NUMBER EXTRA                        |
| TOTAL CHARGEABLE CLAIMS          | 48 minus 20 = | 28                                  |
| INDEPENDENT CLAIMS               | 3 minus 3 =   |                                     |
| MULTIPLE DEPENDENT CLAIM PRESENT |               | <input checked="" type="checkbox"/> |

\* If the difference in column 1 is less than zero, enter "0" in column 2

**CLAIMS AS AMENDED - PART II**

|  | (Column 1)                       | (Column 2)                         | (Column 3)               |
|--|----------------------------------|------------------------------------|--------------------------|
| AMENDMENT A                                    | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA            |
| Total  | 51 Minus                         | 48                                 | 2                        |
| Independent                                    | 3 Minus                          | 3                                  |                          |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                  |                                    | <input type="checkbox"/> |

|  | (Column 1)                       | (Column 2)                         | (Column 3)               |
|--|----------------------------------|------------------------------------|--------------------------|
| AMENDMENT B                                    | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA            |
| Total  | Minus                            |                                    |                          |
| Independent                                    | Minus                            |                                    |                          |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                  |                                    | <input type="checkbox"/> |

|  | (Column 1)                       | (Column 2)                         | (Column 3)               |
|--|----------------------------------|------------------------------------|--------------------------|
| AMENDMENT C                                    | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA            |
| Total  | Minus                            |                                    |                          |
| Independent                                    | Minus                            |                                    |                          |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                  |                                    | <input type="checkbox"/> |

- \* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
  - \* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
  - \* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
- The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

**SMALL ENTITY TYPE** ☐ OR **OTHER THAN SMALL ENTITY**

| RATE      | FEE    |
|-----------|--------|
| BASIC FEE | 385.00 |
| XS 9=     |        |
| X43=      |        |
| +145=     |        |
| TOTAL     |        |

| RATE             | ADDITIONAL FEE |
|------------------|----------------|
| XS 9=            |                |
| X43=             |                |
| +145=            |                |
| TOTAL ADDIT. FEE |                |

| RATE             | ADDITIONAL FEE |
|------------------|----------------|
| XS 9=            |                |
| X43=             |                |
| +145=            |                |
| TOTAL ADDIT. FEE |                |

| RATE             | ADDITIONAL FEE |
|------------------|----------------|
| XS 9=            |                |
| X43=             |                |
| +145=            |                |
| TOTAL ADDIT. FEE |                |

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